

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/607852</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1					51
2			1				52
3			1				53
4		1					54
5			2				55
6			1				56
7			2				57
8			3				58
9			2				59
10			2				60
11			2				61
12			2				62
13			2				63
14			2				64
15			2				65
16			2				66
17			2				67
18			2				68
19			2				69
20			2				70
21			2				71
22			2				72
23			2				73
24			2				74
25			2				75
26			2				76
27		1					77
28			1				78
29				1			79
30			1				80
31				1			81
32				1			82
33				2			83
34				2			84
35				2			85
36				2			86
37				2			87
38				2			88
39				2			89
40				2			90
41				2			91
42				2			92
43				2			93
44				2			94
45				2			95
46				2			96
47				2			97
48				2			98
49				2			99
50				2			100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS